(W)	PHYSI- d. Exact
,	CORD	ACE should be stated EXACTLY, PHYSI- to that it may be properly classified. Exact
nn.		be stated be proper
FOR BINDI	IS A PERMANENT	should t it may
FOR	IS A	ACE to tha

PLACE OF DEATH	
County Worcester	



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 35-8

		y (No. R.F.D. <u># ?</u> es Philip Ardis		(If death occurred in a hospital or institution, give its NAME in steed of street and number.)
PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
sex Male	White	SSINGLE, MARRIED, WIDOWED, OR DIVORCED WIDOWEL (Write the word)	April (Month) 2	
6 DATE OF BII	RTH June (Month)		17 I HEREBY CERTIFY, That I at 192 to 192 that I last saw h alive on	tended the deceased from
7 AGE	85 yrs. 9	If LESS than I day hrs mos. 7 ds. or min.	and that death occurred on the date state. The CAUSE OF DEATH * was as follows:	
(b) General r business, or c	rofession or Fand of work Fanature of industry		Je mil	July 3 mos de
9 BIRTHPLACE (State or co	untry)	Jersev	Contributory Secondary	***************************************
10 NAME (John John	Ardis	(Signed) (Address) (Address)	reus M. D.
ш	HER New	Jersey	*State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	, or, in deaths from njury and (2) Whether
12 MAIDEN	HER Louis	e Powell	18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	itals, Institutions, Trens-
13 BIRTHP OF MOTI (State of	HER	Jersey	At place of deathmosde. In the	e iteyrsmosds.
	George W		Where was disease contracted, if not at place of death?	
	ress) Pocomoke		Baptist Cemetary Pocomoke City, Nd.	Apr. 5th , 1931
Filed H	4 194 31	6 5 Bayes	20 UN DERTAKER	Pocomoke City

If more branks are needed, address State Registrar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-To For many occupations a yrs). For persons who have no occupation Farm laborer, Laborer-At Home, and children, not gainfully emwithout more precise specification as Day single word or term on -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspital-fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicidc. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart lanure, Harmones, "Shock," "Shock," "And Androite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory

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state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton will; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scruant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, Physician, Compositor, Architect, whatever, write None. Housemaid, etc. If the occupation has been changed For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day and children, not gainfully em-Locomotive engineer,

Statement of Cause of Death—Name, first, the DISE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menin itis"); Diphtheria (avoid use of "Croup"). Typhoid fever (never report "Typhoid Pneumonia"; Lobor pneumonia. Bronchopneumonia ("Pneumonia.").

approved by Committee on Nomenclature of the "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Messles; inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was undertaken. For violent deaths state means of injury "PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing Chronic interstitial nephritis, American Medical Association.) tetanus) may be stated under the head of "contributory" as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condi-Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma, death), 29 ds.; Bronchopneumonia (secondary), cough; Chronicetc. The contributory valvular ," "Convulsions, disease;

If this certificate is looked over thoroughly and all quastions anaward in defail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is a corresponding floor.

permanently filed.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emshould be used only when needed. fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the (a) Poreman, (b) Automobile factory. The insterial worked on may form part of the second statement. "Taver return 'Laborer." "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g. Farrer or Planter, tion applies to each and every Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm Laborer, without more precise specification as Day Laborer-Coal mine, etc. Womperson, irrespective of Locomotive engineer, As examples : (a But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitie"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"; Lohar preumonia. Bronchopneumonia ("Pneumonia");

Iclanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing stated unless important. Example: Measles (disease American Medical Association.) "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., Carcinoma, approved by Committee on as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary Whooping cough; Chronic valrular heart disease; Chronic interstitiat nephritis, etc. The contributory use of "Tumer" for malignant neoplasms); Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), or intercurrent) affection need not be Nomenclature Sarcoma,, etc., oi Measles

MARGIN RESERVED FOR BIND

PLACE OF DEATH County Worce les Willage or City Poermoke (No. 2FULL NAME OKO Brette	St.: Ward) St.: Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Writo the word)	16 DARE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw har alive on 1930.
7 AGE 30 yrs	and that death occurred on the date stated above, at Solows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs ds. Contributory
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	(Signed) M. D. *State the I-isease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
(Informant) A Jack Conet	Former or usual residence
Filed 192 3/ S. H. H. O.M.W. If more beanks are needed, address tate Registrate	1. E. Thomas accome US , 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

loborer, state occupation at beginning of illness. If retired from whatever, write None. business. that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH; gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House-Spinner, should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Housemaid, etc. to report specifically the occupations of persons enwork, household only (not paid Housekeepers who receive a en at home, who are engaged in the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry; and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Statement of Occupation-Precise statement of oc-Physician, ," etc., without more precise specification as Foreman, 01. For many occupations a single word or term on 1118). Farm laborer, (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material At Home, and children, Compositor, For persons Stationary firemon, etc. But in many If the occupation has been changed Laborer-Coal mine, etc. Wom-Architect, who have no occupation not gainfully em-Locomotive As examples: (a) duties of the engineer, Day

Statement of Cause of Death—Name, first, the drsEASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accept,
ed term for the same disc so Examples: (erebrosphul)
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Dimblheria avoid use of "Croup")
Typhoid fever never report "Typhoid Pneumonia";
Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved (Recommendations on statement of cause of letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," "Uraemia," "Weakness," etc., whon a definite disease "Exhaustion, "Debility" ("Congenital," 10 ds. stated unless important. inges, peritonaeum, etc., Carcinomo, Sorcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by roilway traintions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid by cough; "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Committee on for malignant neoplasms); Chronic Example: Measles (disease etc. The contributory valvular heart Nomenclature Always qualify all discose; Moosles;

BINDIN

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I.		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of anset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927		3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			,

ADDITIONAL SPA	ICE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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No. 1

M

1PLAC	E OF DEATH		05083	STATE OF	MARYLAND
County W	orcester		930	CERTIFICATE	OF DEATH
		Willin corporate I	indo	Registration	Dist. No. 350
	Village or City Pocomoke City (No			St.: Ward) (if death occurr a hospital or in tion, give its NAM attend of attent	
PERSO	ONAL AND STATIST	ICAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
s sex Male	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED MATTIE (Write the word)	16 DATE OF DEATH	April :	lst , 1921
6 DATE OF B			17 I HEREBY Manch 24th that I last saw h.i.l.	CERTIFY, That I att	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
7 AGE	98 yrs. 5	If LESS than I day hrs. mos. 22 ds. or min.?			i abova, at 9 a 00 A m
particular k (b) General business, or	profession or ind of work Doct nature of industry establishment in oyed or (employer)	50 r		As thus and (Durstion) praio-vascul	yr. mos 7 de
10 NAME FATHE	Mar of R William	yland Costen	(Signed) (Si	es Ha	M. D.
OF FAT	or country) Mar	yland			or, in deaths from jury and (2) Whether
OF MO	THER ROSE Tay	ryland	ients or Recent Re At place of deathyrsm	sidents) In the State St	tais, Institutions, Trans-
	e is true to the best nt) Miss Addie		Where was disease contrif not at place of dear Former or usual residence	racted, h?	
		City Maryland.	Presbyteria Pocomoke Ci	nCemetary ty, Maryland	April 3, 1931
Filed 5/	3 1933/	S. H. Hargin	Varion 8	twenson	Pocomoke City Maryland
	If more branks are	needed, ad rasa State Registras	, 16 W. Saratoga St., I	Baito., Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter. tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (relitived 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) telanus) may be stated under the head of "contributory." approved by Committee on as fracture of skull, and consequences (e.g., sepsia, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; Nomenclature

PLACE OF DEATH	U5084 STATE OF MARYLAND
County W. Or claster	CERTIFICATE OF DEATH_
	Registration Dist. No. 355
Village or City & haleyarlle (No. ma	St.: Ward) (if death occurred in a hospital or institu
2FULL NAME & mma Of.	Louis tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J SEX 4 COLOR OR RACE SINGLE, MARRIED, MIDOWED. OR DIVORCED MONTH	16 DATE OF DEATH 2 9 , 193
6 DATE OF BIRTH Quely 12. 1861	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw hand alive on 27 1923
76 yrs. 9 mos. 1 ds. or min.?	
(a) Trade, profession or particular kind of work House W ife (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory arthuty Secondary
10 NAME OF Meril Cambbell	(Signed)
of Father (State or country) Maryland	*State the Disease Causing Death, or, in deaths from iolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Nancy Bollins 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) Maryland	At place of deathyrsmosds. In the Stateyrsmosds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) L. to. Dennis	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
is Filed 4/29 1981 Allen F. Haywan	Willowics Jennis Ben May 1, 19.3 20 UNDERTAKER Watson Subgrill
If more bianks are needed, addresa State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective o fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISTALL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphall fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

Recommendations on statement of cause of death American Medical Association.) telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be Chronic valvular heart disease etc. The contributory Measles ;

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3 1

St.:	Ward)	(If death	
		tion, give it stead of number.)	

MEDICAL CERTIFICATE OF DEATH

4-	13	, 193/
(Month)	(Day)	(Year)
TIFY, That I at	ttended the	eceased fro
/e on	41	3., 192/
n the date state	d above, at	900
	(Month)	(Month) (Day) TIFY, That I attended the description of the date stated above, at

Disease Causing Death, or, in deaths from

Violent Causes, state (1) Means of Injury and (2) Whether

of deathyrsmosds.	Stateyrsmosd
Where was disease contracted,	

DATE OF BURIAL

ADDRESS

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., Without more relative for the laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, worked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) For persons who have no occupation 6 Stationary fireman, etc. But in many Automobile factory. The material Salesman, Locomolive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the Dis-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

permanently filed.

data is essential and must be obtained before the certificate is

Answered in detail, it will prevent further correspondence. American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway train carbolic acid-probably suicide. The nature of the injury, (Recommendations on statement of cause of "tetanus) may be stated under the head of "contributory." as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustlon," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age, atic), "Atrophy," "Collapse," "Coma," "Convulsions," use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is lcss definite; avoid "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and all questions perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; or intercurrent) Chronic and consequences (e. g., sepsis, affection need etc. The contributory valvular heart disease; Nomenclature " Shock," not be etc., of

PLACE OF DEATH	STATE OF MARYLAND
County Worcester	CERTIFICATE OF DEATH
Village or City Bishohillano Md	Registration Dist. No. 353
	St.: Ward) (If death occurred in a hospital or institution, give its NAME Instend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, X	16 DATE OF DEATH
male white OR DIVORCED (Write the word)	(Month) X (Day) / (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
aug. 30, 1872	4-/6 193/, to 4-/7-, 1923/.
(Month) (Day) (Year)	that I last saw h alive on , 192,
7 AGE 7 /9 If LESS than 1 day	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	Concussion of pain +
a OCCUPATION (a) Trade, profession or	miternal muries due
particular kind of work 6 mgener	& automobile readent
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yrs. nios ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
manyland	(Durstion) yrs mos ds.
FATHER / 10 DI DIE FILOR	(Signed) M. D.
o 11 BIRTHPLACE	4-18 192 (Address) Deltyrille
OF FATHER (State or country) Maryland 12 MAIDEN NAME 12 MAIDEN NAME	*State the Piscase Causing Death, or, M deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mangaritt Hudson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country) Waysaus	of deathyrsds, Diateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) Ty dia, Filoyd	Former or usual residence
(Address Bishofill Md	Bishphille mapril 20 1931
Filed 1931 J. Registral Registral	m Parla (Natare Silverille
If more blanks are needed, addre.s htate Registrar	, 16 W. Saratoga St., Balto., f.equesting V. S. Ivo. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quoscupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Ilousewife, Ilousehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coul mine, etc. Wom-Never return "Laborer," "Foreman," "Manager, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective ci Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enworked on may form part of the second statement. For many occupations a single word or term on Stationary fireman, etc. But in many Locomotive engineer, .""Deal-

s. inal meningitis"); Dinhtheria (avoid use of "Croup Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same dise se. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the pis pneumonia, Broncho:paeumonia ("Pneumonia

> (Recommendations on statement of cause of death approved by Committee on Nomenclature st_ted unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, atic), "Atrophy." "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, mencough; Chronic affection etc. The contributory valvular heart need not be " Shock," Measles;

data is essential and must be obtained before the certificate is permanently flied. answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Warren Registration Dist. No. 2 XACTLY, P Ward) (If death occurred in a hospit I er institution, give its NAME in proporty class vey IS. Hanen stend of street and .. umber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 - INGLE. 3 SEX 16 DATE OF DEATH MARRIED. 000 ay bo WIDOWED CR DIVORCED (Write the word) I HEREBY CERTIFY, That I AQUING deceased from t mi 6 DATE OF BIRTH that alive on ma uction (Tionth) (Day) (Year and that death occured on the data stated above, at I.fl.ESS than 7 AGE I day hrs. Su ds or min.? OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry 0 business, or establishment in (Duration) ...VIB... which employed r (employer) Contributory 9 BIRTHPLACE Secondary (state or country) (Duration) 10 NAME OF (Address) ... II BIRTHPE the Distase Causing Peath, or, i HZ Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. (State or country) 12 MALJEN NAME 18 L-NGTH OF RESIDENCE (For I ospitals, Institutions, Transform tate ients or Recent Residents) 13 CIRTHPLACE In the At place SO OF MOTHER of death . yrs...... mos. ds. (State or country) of C Where was disease contracted, if not at place of death? .. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE hou Former or usual residence. (3) Every it CIAAS stateme If more b.anks are needed, Address State Registray, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

for set- see Just certificate. Br. Co

REVISED UNITED STATES STANDARD CONTROL OF DEATH

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, played, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Spinner, should be used only when needed. As example : c additional line is provided for the latter statement : it nature of the business or industry, and therefore an sary to know (a the kind of work and also (b the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Civil engineer, Stetiorary fireman, at . empation is very important, so that the relative health Statement of Occupation Precise statement of oc-Never return "Laborer," "Foreman," "Mahager," Ded-Physician, Compositor, Architect, the first line will be sufficient, e.g. . "crimer or Planter, report specifically the occupations of persons en-Foreman, Or For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, man, (b) Automobile factory. The material At Home, and children, not gainfully emwithout more precise specification as Day Laborer-Coal mine, etc. Locamoline engineer, But in many

Statement of Cause of Death—Name, first, the Distance Causing Death the printry affection with respect to time and causation), using always the same accepted term for the same disease. Etamples: Cerebroken (the only definite synonymis' Typdemic cerebroken menic, itis'); Diphtherm avoid use of 'Croup'; Typhoid feser (never report "Typhoid Pneumonia".

as fracture of skull, and consequences (e.g., se, sis, tetunus) may be stated under the head of "contributory". can be ascertained as the cause. Always quelify II diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Huemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomstited unless important. Example: Measles (disease approved (Recommendations on statement of cause of carbolic acid-probably smede. The nature of the injury, accident; Revolver wound of head homicide; Poisonal by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine doft itely. and qualify as ACCIDENTAL, SUICIDAL, or HOWICE A., taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disense; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Muskes; inges, peritonaeum, etc., Carcinomu, Sarcoma, American Medical Association.) unqualified, is indefinite); Tuberculosis of lungs, men-.... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by Committee on Nomenclature of the etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. ... the dutif is essential and must be obtained before the certificate is permanently filed.

MAY 2 I

STATE OF MARYLAND CERTIFICATE OF DEATH

near / 10	Registration	Dist. No. 35131
Village or City Show Helling.	St.: Ward	d) (If death occurred a hospital or instit tion, give its NAME i

PLACE OF DEATH
County OF TELSTE

2FULL NAME 12001 Stell	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1) SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH April 78, 1931 (Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw h/M alive on 4/26 2, 1923
2 yrs. 2 mos. 3 9 ds. or min. 8 OCCUPATION (a) Trade, profession or particular kind of work	. The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory (Duration) Contributory (Duration)
9 BIRTHPLACE (State or country) Longland 10 NAME OF FATHER LONGLAND 11 BIRTHPLACE OF FATHER (State or country) Longland 12 MAIDEN NAME	(Siened). (Dursion) yre bos. ds. (Siened). (Adduss) M.D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Sond Know 13 BIRTHPLACE OF MOTHER (State or Country) England	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Informant) // Do David Walsons (Address) Findletis P. P.	Former or usual residence
15 m . 4/28 m3/ PCM X	20 UNDERTAKER ADDRESS

If more branks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

 ACE should be stated so that it may be proper ructions on back of certi FOR UNFADING INK--THIS supplied RESERVED Should be carefully E OF DEATH in plai MARGIN CIANS should state CAUSE statement of OCCUPATION is WRITE PL Every Item of I 1

BINDI

stated EXACTLY, PHYSI-properly classified. Exact of certificate.

V. 8, No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as νay laborer, Farm laborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-6 material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on American Medical Association.) (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustlon," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) affection need not be Chronic Example: Measles (disease etc. valvular heart disease; Nomenclature The contributory Measles ;

1 V. B. No. 1

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PLACE OF DEATH	05089 STATE OF MARYLAND
County Wagester	CERTIFICATE OF DEATH
P. 0 RF110-	Registration Dist. No. 350
Village or City Ocomorse (No. 17)	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Hondy Holls	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 7 , 198/ (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That lattended the deceased from
(Month) (Day) (Year)	that last saw halive on 1921,
7 AGE IfLESS than	and that death occurred on the date stated above, atm.
I day hrs.	The CAUSE OF DEATH * was so follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	·
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos. ds.
9 BIRTHPLACE (State or country) Manyland	Contributory Secondary Duration A Lyrs des.
10 NAME OF Martin Hollows	(Signed) M. D. M.
OF FATHER (State or country) Maryland	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Charlatte Bratton	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland,	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) It m Dickinson	Former or usual residence
(Address) Pacomolse lity med	Pace of Burnator REMOYATAN DATE OF BURIAL
Filed 4/20 1913 S.4 Hanges Registral	Ballard Bros, Pacomolsered
if more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write None. business; that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DRACH g. ged in domestic service for wages, as Screant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many tle lirst line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foremon, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). Farm laborer, (b) Cotton mill; (a) Solesman, without more precise specification as Day For persons (b) Automobile factory. The materia Loborer-Coal mine, etc. Womwho have no occupation single word or term on (6) The ques-Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup") ed term for the same disease. Examples: Cerebrap Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pis time and causation), using always the same accept pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of "("Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital,"-"Senile," etc.)+ "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiperilonaeum, etc., Carcinoma, Sorcoma, etc., of ... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJUNY Chronic Example: Measles (disease etc. The contributory affection need valvular heart Nomenclature of the not be disease;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is this certificate is looked over thoroughly and all questions

M)	in terms so that it may be properly classified. Exact
	CORD	EXACTL iy classif
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BINDIA	PERME	should b
FOR	S IS A	d. ACE
ERVED FOR BINDING	IKTHIS IS A PERMENENT ECORD	supplier in terms

PLACE OF DEATH County Norcester	05090 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Stockton (No	St.: Ward) St.: St.: NAME in the stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Yea	17 I HEREBY CERTIFY, That I attended the decensed from
7 AGE If LESS to 1 day des. or m	hrs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Oyster Day Labour particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yre mos, d
9 BIRTHPLACE (State or country) Maryland	Contributory Local (full full full full full full full fu
10 NAME OF GEORGE Fisher	(Signed) John D. Slyckefson M. I. Opri. 11 1931 (Address) Stocketon Ma
OF FATHER (State or country) Maryland 12 MAIDEN NAME A	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Leah Holland 13 BIRTHPLACE OF MOTHER (State or Country) Mary Cound	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents) At place of death
(Informant) Slonge to Cland	if not at place of dea h? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Stock m. Mal	20 UNDETTAKER OF SWEET
If more blanks are needed, address State Kegli	strar, 16 W. Saratoga St., Brita., Requesting V. S. No. 1.

V. S. No. 1

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, g: ged in domestic service for wages, as Screaht, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Housemaid, etc. If the occupation has been changed nner, (b) Cotton mill; (a) Salesman, (b) Grocery, Foreman, (b) Automobile factory. The material irst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on home, who are engaged in the duties of the For persons who have no occupation Stationary freman, etc. But in many Locomotive engineer,

spinal meningitis"); Diphtheria (avoid use of "Croup"); Statement of Cause of Death-Name, first, the Dis lever (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cerebrospind EASE CAUSING DEATH (the primary affection with respect Typhoid fover (never report "Typhoid Pneumonia"); to time and causation), using always the same accept pneumonia,. Bronchopneumonia ("Pneumonia,

> "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" as fracture of skull, and consequences (e.g., sepsis, Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the American Medical Association.) Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJULY cough; for malignant neoplasms); Measles; Chronic Example: Measles (disease etc. The contributory affection need valvular heart not disease;

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all qu stions Allthe

permanently filed.

	PLACE OF DEATH County C	95091 STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City to clatering. 2FULL NAME Cry Celipoleth	Registration Dist, No.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. OR DIVORCED (Write the word) 1853	16 DATE OF DEATH (Month) 27 (Day) 93/(Year) 17 I HEREBY CERTIFY, That I attended the deceased from (Month) 27 (Day) 93/(Year) 17 I HEREBY CERTIFY, That I attended the deceased from (Month) 27 (Day) 1921/10 (Month) 192
	(Month) (Day) (Year)	that I last saw hell alive on Apl. 2 199
	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry husiness, or establishment in which employed or (employer)	and that death occurred on the date stated above, at the mass as follows: Calvular Disease f Court (Durstion) Jones de mos de la companyation de la companyati
	9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE	Contributory Secondary (Durstien) (Signed) (Signed) (Address) (Address) (Address)
	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs death
	(Address) Locusty	Where was disease contracted, if not at place of death? Former or usual residence. 18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF BUR
	If more branks are needed, address State Registrar	UN DERTAKER) Stevenson Formulas 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
40		

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook. Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engincer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (for or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, especially in industrial employments, it is neces-For many occupations a Stationary fireman, etc. But in many single word or term on en-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) Recommendations on statement of cause of death mas fracture of skull, and consequences (e.g., sepsis, approved by Committee on Nomenclature "PUERPERAL septicaemia," "PUERPERAL peritonitis, "(Exhaustion," "Heart failure, flaemorimage, "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid Chronic ," etc., when a definite disease Example: Measles (disease etc. The contributory affection need not valvular heart disease; Always qualify al

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

permanently filed.

M)	FHYSI-	PLACE OF DEATH County Workster	05092 STATE OF MARYLAND CERTIFICATE OF DEATH
CORD	EXACTLY, riy classified ificate.	Village or City Birling (No	Registration Dist, No. 2 (If death occurred is a hospitat or institution, give its NAME in stead of street an number.)
į.	ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MAKEN	ould be st may be pr n back of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
OR BINI	ed. ACE sho	(Mog(th) (Day) (Year)	thet I last saw he malive on JAN 3, 1937, and that death occurred on the date stated above, at 1/38/Am
ED F	rms so instruc	91 yrs. 8 mos. 10 ds. or min.?	The CAUSE OF DEATH * was as follows:
ERV KK-1	y sup ain te See	(a) Trade, profession or particular kind of work	Lotor aneumania
IN RES	carefull TH In pl	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Cardine Delatev
MARGI H UNFA	OF DE	10 NAME OF STATHER SATHANEL Brittingham	(Signed) (Address) Bash Luc
LIW	CAUSE TION I	OF FATHER (State or country) 12 MAIDEN NAME)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	state CCUPA	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs Mos. Mos. State yrs Mos. Mos. Mos. Mos. Mos. Mos. Mos. Mos
E PL	ould of O	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deeth?
WRIT	NS sho	Unformant // Sund fallman	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	S.—Every CIAN stater	15 Filed april 6 1931 AV Waltsmark	20 YNDERTIKER ADDRESS ADDRESS ON
(T)	ž	If more branks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specimeanous laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); as fracture of skull, and consequences (e. g., sepsis, can be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; or intercurrent) affection need not be Chronic Example: Measles (disease valvular heart disease; etc. The Nomenclature of the contributory Measles ;

S. No. 1

N. B.

Exact

PLACE O	F DEATH	
County WO	rcede	~



STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 35

6 DATE OF BIRTH 7 AGE 8 DATE OF BIRTH 8 AGE 8 DATE OF BIRTH 9 BIRTHPLACE 9 BIRTHPLACE 9 BIRTHPLACE 9 FATHER 10 NAME OF FATHER 10 NAME OF FATHER 11 BIRTHPLACE 9 FATHER 11 BIRTHPLACE 9 FATHER 12 MAIDEN NAME 13 BIRTHPLACE 9 FATHER 13 BIRTHPLACE 9 FATHER 13 BIRTHPLACE 9 FATHER 13 BIRTHPLACE 13 BIRTHPLACE 14 AGIDEN NAME 15 Disease 16 Causing Death, or, in deaths from the The Disease Causing	Village or City 1 Zerlin. (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
male white on Divowed (Write the word) 6 DATE OF BIRTH ### ### ### ### #### ###############	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE Second 1997	male MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH Alonth) (Day) (Year)
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER OF FATHER OF MOTHER OF MOTHER (State or Country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) M. Roland Kambaru. 1 I day. hrs. or. y min.? 1 I DAM DISTANCE (Signed) 1 I DISTANCE (Signed) 1 I BIRTHPLACE (State or Country) 1 I	Expersion 1991	aprel 1 1931 to aprel 1 3, 1921.
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Roland Kambaru To FATHER Roland Kambaru 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 MARIDEN NAME OF MOTHER (State or Gountry) 16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 17 MARIDEN NAME OF MOTHER (State or Gountry) 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents) At place of death Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	I dayhrs.	
(Informant) Mr. Roland Kambarn. (Informant) Branch Roland Rambarn. (Informant) Branch Roland Rambarn.	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Roland Kambaru 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER 14 BIRTHPLACE OF MOTHER 15 BIRTHPLACE OF MOTHER 16 BIRTHPLACE OF MOTHER 17 J.	Contributory Secondary Secondary Secondary Secondary Secondary Contributory Secondary Secondary Contributory Secondary M. D. Contributory Contributory Secondary M. D. Contributory Contributory Contributory Contributory Contributory Contributory Contributory M. D. Contributory M. D. Contributory Cont
(Address) Leveling Mark Cemelery Upril 1, 19. 15 Filed april 1931 IV Mountford Day Barley Barley	(Informant) Mr. Roland Kambarn. (Address) Berlin Md.	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Mewark Cewelery April / , 192/

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken taborer, Form laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e.g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits ean be known. eupation is very important, so that the relative health-Statement of Occupation-Precise statement of oewhatever, write None. busines, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Foreman, For many occupations a especially in industrial employments, it is necesyrs). without more precise specification as For persons who have no occupation (b) Automobile factory. The material (a) Salesman. single word or term on As examples: (a) (6) Grocery, Day

Statement of Cause of Death—Name, first, the Disc EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrosimal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> American Medical Association.) lolanus) may be stated under the head of "contributory." diseases resulting from ehildbirth or misearriage as "PUERPERAL septicuomia," "PUERPERAL pertlonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dehility" ("Congenital," stated unless important. inges, perilonueum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by ean be ascertained as the eause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasins); unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar; or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi name origin; "Cancer" is less definite; avoid Chronic volvular heart disease; Example: Measles (disease "Senile," etc.), "Dropsy, etc. The contributory Nomenclature Meusles ; "elc.

American Medical Association.)

If this certificate is looked over thoroughly and a questions

answered in detail, it will prevent further correspondence. All the date is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	05094 STATE OF MARYLAND
County/Parelsell	CERTIFICATE OF DEATH
A 19,061	Registration Dist. No. 30/
Village or City Column Rt (No. 178)	St: Ward) (If death occurred in
6 . 6	a hospital or institu- tion, give its NAME in- stend of street and
2 FULL NAME Celegenea Co,	Melly number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED	16 DATE OF DEATH
H D WIDOWED OR DIVORCED	198
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
1849	that I last saw have an after 12 1921.
(Month) (Day) (Year)	1100
Z / Q I dayhre.	and that death occurred on the date stated above, at 100 was m. The CAUSE OF DEATH * was as follows:
D yrs. mos. de. or min.?	Burn Coused by Closhing
8 OCCUPATION (a) Trade, profession or	catching on fire throw at
particular kind of work / business	eis & stin
(b) General nature of industry	/6
which employed or (employer)	(Durstion) yes mos de,
9 BIRTHPLACE (State or country) Manufaced	Contributory Secondary Durstion Durstion To the contributory of
10 NAME OF , 6 41 D	The state of the s
FATHER Joseph Milearens	(Signed) M. D.
OF FATHER ON	193 (Address) During Doth or In dothe from
OF FATHER (State of country) Marylaged 12 MAIDEN NAME)	*State the Disease Causing Death, or, In deeths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER (1999)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country) Maryland	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Man Pa Pa and	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
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15 4/13 31 PSP 8 1114	20 UNDERTAKER
Filed 7/12 1920 \ Eloy Sull Registrar	Legnon P. Stevens Comolse it
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise special mine, etc. Wom-laborer, Farm laborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a yrs). For persons who have no occupation (b) Automobile foctory. The material single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less définite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. American Medical Association.) approved by Committee on (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, taken. For violent deaths state means of injury diseases Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature not be

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH 05095

County Worcester Village or City Pocomoke City, R.F.D. #4. No. Length of residence in city or town where death occurred yrs, mos. ds. How long In U.S. if of foreign birth? yrs. 2. FULL NAME Robert H. Lankford (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 23 No. (If death occurred in a hospital or institution, give its NAME instead of street and street in city or town where death occurred in a hospital or institution, give its NAME instead of street and street and street in city or town where death occurred in a hospital or institution, give its NAME instead of street and street	
(If death occurred in a hospital or institution, give its NAME instead of street Length of residence in city or town where death occurred yrs	350
(If death occurred in a hospital or institution, give its NAME instead of street Length of residence in city or town where death occurred	t., Ward
2. FULL NAME Robert H. Lankford (a) Residence: No. St., Ward. (Usual place of abode) If nonresident give city or tow PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEAT 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH	
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS St., Ward. (Usual place of abode) MEDICAL CERTIFICATE OF DEAT 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEAT 3. SEX 4. COLOR OR RACE	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEAT MEDICAL CERTIFICATE OF DEAT MEDICAL CERTIFICATE OF DEAT 1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH	n and State
	ГН
Male B Married (write the word) Married (Month)	, 193]
5a. It married, widowed, or divorced	(1041)
(or) WIFE of	
5 DATE OF RIGHTH (month day and year) 330 2000 lest sew h allye on 19	
7. AGE Years Months Days If LESS than lo have occurred on the date stated above, et 5 A ni. 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
about 53 or min. were as follows:	Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer Tuberculos 1s	
9. Industry or business in which	
SAW MILL, BANK, etc	
year) occupation Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Maryland (Stete or country)	
当 13. NAME Daniel Lankford	
13. NAME Daniel Lankford 14. BIRTHPLACE (city or town) Name of operation Oate	e of
(State of country) Mid What lest confirmed diagnosis? Was ther	e an eutopsy?
E 15. MAIDEN NAME Jane Flemming 23. If death was due to external causes (VIOL ENCE) fill in also the fol	
23. If death was due to external causes (VIOLENCE) fill in also the fole 16. BIRTHPLACE (city or town) Citate or country) Md 23. If death was due to external causes (VIOLENCE) fill in also the fole Accident, suicide, or homicide? Where did injury occur?	, 19
(Specify city or town, county and	nd State)
17. INFORMANT Laurence Parsons Specify Whether injury occurred in INOUSTRY, in HOME, or in PUBL	IC PLACE.
(Address) Pccmoke City, Md. 18. BURIAL, CREMATION, OR REMOVAL Pocomoke City Manner of injury	
Placo Halls Hills Cembate Apr. 5., 181. Neture of injury.	
19. UNDERTAKER Vernon P. Stevenson 24. Was disease or injury In any way related to occupation of decease	
20. FILED 4/4	L.R.XX

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilandi	3 days aga
Other contributory causes of importance: Gallstones	May 1, 1928	Other contributory cours of importance:	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

No. 1 œ

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,	Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact properly classified. Exact property of certificate.	
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	Every Item of Information should be carefully supplied. ACE should be stated EXACT CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class content of Occile 13 12 Viv. impactor.	0
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PLACE OF DEATH	STATE OF MARYLAND
County Worse Tex	CERTIFICATE OF DEATH
County	(131) Registration Dist. No. 18-2
Village or City Quan eig (No.	St: Ward) (If death occurred in a hospital or Institu-
2FULL NAME Kathleen E	Lizabeth Lynch stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MUDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Chil
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
murch 1921, 1880	96 V 31 1931. to , 192
(Month) (Day) (Year)	that I last saw he salive on Cope 10, 1931,
7 AGE If LESS than	and that death occurred on the date stated above, at 6.30 Am.
I day hrs.	The CAUSE OF DEATH * was as follows:
5/ yrs. 0 mos. 22 ds. or min.?	
(a) Trade, profession or	Chr. and Myhrilis
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) yrs. mos. ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Maryland	Secondary (Duration) mosds.
10 NAME OF Edward Kelley	(Signed) Chase M. D.
0 11 BIRTHPLACE	4-11-193/(Address). 3.11in Med
C (State or country)	*State the l'isease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Elley Hughe	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country)	Where was disease contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) L. A. Lywell	usual residence
(Address) a clear City Sull	Exercis Cent. Date of Burial 4/12, 1934.
15 Filed 4/1/ 1923/ J. & M. Munfred Registral	Mu Pasha Wallor Selbyvilles

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. state, occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., Spinner, (b) Colton mill; (a) should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re g: ged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en ployed. as At school, or At home. Care should be taken en at home, who are engaged in the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Housemaid, etc. If the occupation has been changed Physician, Foreman, 01 For many occupations a single word or term on yrs). Farm laborer, At Home, without more precise specification as Day Compositor, For persons who have no occupation (b) Automobile Stationary fireman, etc. But in many and children, not gainfully em-Laborer-Coal mine, etc. Wom-Architect, Salesman. factory. The material person, irrespective of Locomolive As examples: (a) duties of the (b) The quesengineer, Grocery

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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permanently filed.

"Itelanus) may be stated under the head of "contributory." If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, approved by carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma, stated unless important. Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State: cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) .. (name origin; "Cancer" is less definite; avoid peritonaeum, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage as cough; Committee on etc., Chronic Carcinoma, Sarcoma, etc., of Example: Measles (disease etc. affection need not be valvular heart Nomenclature The contributory " "Convulsions, Macasles ; disease;

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PLACE OF DEATH

STATE OF MARYLAND Tuos ceoles, CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) (if death occurred in a hospital or Institu-tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS BSINGLE 3 SEX 4 COLOR OR RACE OR DIVORCED Write the word I HEREBY CERTIFY, That I attended the deceased from If LESS than 7 AGE and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: BACCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 1927 (Address) 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER Every Item of in CIANS should statement of OC (State or Country) Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OATE OF BURIAL OR REMOVAL 20 UNDERT If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Collon mill; (a) Salcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm tauties, save engaged in the duties of the en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the Laborer-Coal minc, etc. Wom-(6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros pinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory. diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephrilis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condicough; Chronic valvular Always qualify all heart not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V.S

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(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, (b) Colton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) business, that fact state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.
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Statement of Cause of Death—Name, first, the DIS-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAY 5 1331	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V.	July 5,1927	Peritonitis	3 days ago
	- 1		
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	3 Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

W. 8. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Worcesler	CERTIFICATE OF DEATH
	Registration Dist. No. 332
Village or City Berlin (No.	St.: Ward) (If death occurred li a hospital or institu tion, give its NAME in
2FULL NAME CYPUS TO	well. stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Sugla WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Office (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Month 24, 1854 (Month) (Day) (Year)	that I last saw had relive on Charles 5 1923
7 AGE (IfLESS that	
77 yrs. 0 mos. 12 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Lobar tuennand
(b) General nature of industry business, or establishment in	70
which employed or (employer)	(Durstion)
9 BIRTHPLACE (State or country) Maryland.	Secondary
10 NAME OF	(Signed) (Si
11 BIRTHPLACE	4-7- 1931 (Address) Bestin and
OF FATHER (State or country) Maryland 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Clinabeth Daves	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Maryland.	At place of deathyrsmosds. In the Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs. Eugene Powell	Former or usual residence
(Address) Berlin, md.	Evergreen Cemetery April 7, 1931
(Address) Berlin, md. (Address) Berlin, md. Filed april 7193 J V Mainford Registrar	20 UNDERTAKER ADDRESS D. W. Burbon Berlin M.
if more branks are needed, address State Registre	ar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. The queswork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton additional line is provided for the latter statement; it should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., Never return "Loorer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the mill; (a) Salesman, 6 Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetunus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitie," etc. stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic etc. The contributory valvular heart Nomenclature of the Measles ; disease;

If this certificate is looked over thoroughly and a'l questions asswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

2

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 454 (if death occurred in a hospital or institu-tion, give its NAME in-St.: Ward) stend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. OR DIVORCED (Month)(Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from (Month) (Day) (Year) that I last saw h ____alive on _____, 192 ____, 7 AGE IIf LESS than and that death occurred on the dato stated above, at I day hrs. The CAUSE OF DEATH * was as follows: OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 0 II BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. CAU (State or country) 12 MAIDEN NAME 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-State CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of deathyrsmosds. (State or Country) 0 7 Where was disease contracted, shoul jo TOF MY KNOWLEDGE if not at place of death?.... CIANS sho usual residence (Informant) DATE OF BURIAL EVERY If more branks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, household only (not paid Housekeepers who receive a tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia and children, not gainfully em--Coal mine, etc. Wom-Grocery, Gook.

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American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
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